

### **Application Data Sheet**

#### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?	None
Title::	METHODS AND COMPOSITIONS FOR MODULATING APOPTOSIS
Attorney Docket Number::	P1111US10
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

#### **Applicant Information**

Applicant Authority type::	Inventor 1
Primary Citizenship Country:	Spain
Status::	Full Capacity
Given Name::	Pedro
Middle Name::	
Family Name::	Aza-Blanc
City of Residence::	San Diego
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	4413 Governor Dr.
City of mailing address::	San Diego
State or Province of mailing address::	CA
Postal or Zip Code of mailing address::	92122

Applicant Authority type:: Inventor 2  
Primary Citizenship Country: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: P.  
Family Name:: COOKE  
City of Residence:: Del Mar  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 13914 Recuerdo Drive  
City of mailing address:: Del Mar  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 92014

Applicant Authority type:: Inventor 3  
Primary Citizenship Country: US  
Status:: Full Capacity  
Given Name:: Quinn  
Middle Name:: L.  
Family Name:: Deveraux  
City of Residence:: San Diego  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 11692 Frames Port Place  
City of mailing address:: San Diego  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 92126

Applicant Authority type:: Inventor 4  
Primary Citizenship Country: US

Status:: Full Capacity  
Given Name:: Christopher  
Middle Name:: L.  
Family Name:: Cooper  
City of Residence:: San Diego  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 5840 Lindo Paseo, #14  
City of mailing address:: San Diego  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 92115

**Correspondence Information**

Correspondence Customer Number:: 29490

**Representative Information**

Representative Customer Number:	29490
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**Domestic Priority Information**

Application:	Continuity Type:	Parent Application::	Parent Filing Date::
This Application	<i>An application claiming the benefit under 35 USC 119(e)</i>	60/448,960	February 21, 2003
This Application	<i>An application claiming the benefit under 35 USC 119(e)</i>	60/494,527	August 12, 2003

**Assignee Information**

Assignee Name(s): IRM LLC